

LYNN PARKS & RECREATION

250 Commercial Street

Lynn, MA 01905

781-477-7096

2015 SPRING TENNIS

PLEASE SPECIFY CLINIC TIME: _____ 9:00 am – 10:00 am (Ages 8 and Under)
_____ 10:15am – 11:15 am (Ages 9-11)
_____ 11:30 pm – 12:30 pm (Ages 12+)

PLEASE CIRCLE YOUR CHILD'S T-SHIRT SIZE:

Youth 10-12 Youth 14-16 Adult Small Adult Medium Adult Large Adult X-Large

PLEASE PRINT CLEARLY:

Name of Child _____

Address _____

Zip Code _____

Telephone # _____

Date of Birth _____ Age _____

Gender _____

School _____

Grade _____

IN CASE OF EMERGENCY, PLEASE LIST TWO CONTACTS:

Name _____

Relationship _____

Address _____

Phone 1# _____

Phone 2# _____

E-mail: _____

Name _____

Relationship _____

Address _____

Phone 1# _____

Phone 2# _____

E-mail _____

DOES YOUR CHILD HAVE ANY LIMITATIONS OR ILLNESSES:

NO _____ YES _____

If Yes, please list & explain _____

WE, OF THE LYNN PARKS & RECREATION PROGRAM, WILL TAKE ALL PRECAUTIONS AGAINST ANY INCIDENTS OCCURING WHILE THE CHILDREN ARE INVOLVED IN OUR ACTIVITIES. HOWEVER, WE ARE NOT FINANCIALLY OR LEGALLY RESPONSIBLE FOR ACCIDENTS THAT MAY HAPPEN WHILE THE CHILDREN ARE IN OUR PRESENCE. BEFORE YOUR CHILD MAY BE ENROLLED IN OUR PROGRAM, YOU MUST UNDERSTAND OUR POSITION AND ACCEPT IT BY SIGNING BELOW.

PARENT'S SIGNATURE _____

Date _____